



MISCELLANEOUS BUILDING PERMIT APPLICATION PACKET

IN ORDER TO PROCEED A MINIMUM NON-REFUNDABLE REVIEW SUBMITTAL FEE IS DUE AT THE TIME OF APPLICATION

The following application is to be used for miscellaneous building construction, renovation, repair or installation.

Step 1 - Verify construction type being proposed: Some standards differ based upon the type of construction being proposed. Please be sure to review all application and plan requirements to adequately determine what documents are necessary at time of submittal. If you are unsure or have questions regarding what is permitted, please contact the Building Division at (772) 597-8281.

Step 2 - Application and Plan Requirements: Complete the application in its entirety and the permit review fee must be provided at time of submittal.

- Application for all projects are to include two **(2)** Complete Packages:
 - **Two (2)** Completed Permit Applications and one **(1)** Electronic Set of Plans {i.e. on flash drive or disk}.
 - If work is done by the owner, an Owner Builder Affidavit needs to be submitted; and
 - A recorded notice of commencement is required when construction value exceeds \$2,500.00.
 - **Two (2)** copies of Product Approvals/notices of acceptance, pre-approved construction assemblies associated with specific materials, assemblies and construction methods that have been specifically tested in accordance with Florida requirements and ultimately have received a valid product approval designation that demonstrates compliance with applicable building code requirements.
 - **Two (2)** sets of site plans are required. Survey: As-built survey with setbacks- The site plan must indicate property dimensions, all existing structures locations drawn to scale, showing easements, right-of-way, and the proposed structure location. *(If applicable for structures)*.

Step 3 - Submit: Submit the application, associated documents, plans, and fees by one of the following ways:

- *In Person:* Village Hall – Building Division, 15516 SW Osceola St., Suite B, Indiantown, FL. 34956 between hours of 8:00 A.M. – 4:00 P.M. Monday – Friday
- *By Mail:* Village of Indiantown, P.O. Box 398 Indiantown, FL. 34956
- Village of Indiantown currently accepts the following forms of payment: Cash, Check or Credit Card.
- (If any documents require additional copies that are not enclosed there will be a charge per page copy fee, (this does not include plans) which will be assessed prior to the permit being released).

Step 4 - Staff Review: Staff will review the proposed request for compliance with Village standards and Florida Building Codes. Staff will offer any applicable comments.

Step 5 - Permit Issuance and Construction: Once approved, a permit card is issued and then construction can start.

Step 6 - Inspection: Schedule applicable inspection(s) and obtain approval. Inspections can be scheduled By Phone: (772) 597-8281 or By Email: permit.tech@indiantownfl.gov.

Notes of Importance:

- The application must be completed in its entirety and the permit review fee must be provided at time of submittal. Incomplete applications and failure to pay at time of submittal will result in application not being accepted or delayed.
- Mobile and Modular homes need to include the DOT reference # FDOT MHS-24.
- **One (1)** electronic set of plans (i.e., on flash drive or disk).
- When a permit is obtained it often requires a contractor to be registered and licensed.
- As required by Florida Statue 553.842 and Florida Administrative Code 9B-72, please provide Product approval number(s) and information for the building components as applicable to the building construction project for the permit application. Contact your product supplier if you do not know the product approval number for any of the applicable products. Information regarding statewide product approval may be obtained at: <http://www.floridabuilding.org>
- **MANDATORY ACTION:** For renovation projects if asbestos is subsequently discovered, then the applicant shall immediately provide notice to the DEP and amend the permit application. For demolition, all applicants must provide Notice to DEP regardless of whether asbestos is present.

The above list is provided a general overview of the minimum requirements and is not intended to be all inclusive of all ordinance and codes. Not all possible applications of the requirements are discussed. For clarification of your individual circumstances or general questions, please contact the Building Division at (772) 597-8281 or permit.tech@indiantownfl.gov. Please note: lack of information provided may constitute as an incomplete submittal, thus delaying the review process.

Project	Progressive Review Time
➤ Submittal of application and necessary documents	
➤ Staff review*	0-4 days
➤ Permit issuance	0-1 day
Approximate Time of Review Total	0-5 days*

** Estimations may vary. Review time is dependent upon request type, submittal date, necessary revisions, resubmittals, and any other required documentation.*



MISCELLANEOUS BUILDING PERMIT APPLICATION

**IN ORDER TO PROCEED A MINIMUM NON-REFUNDABLE REVIEW SUBMITTAL FEE
IS DUE AT THE TIME OF APPLICATION**

Permit # _____

1. JOB ADDRESS:				
2. PARCEL ID#:				
3. CONTRACTOR:			LICENSE #:	
ADDRESS:		CITY:	STATE:	ZIP:
PHONE #:		E-MAIL:		
4. PROPERTY OWNER:				
ADDRESS:		CITY:	STATE:	ZIP:
PHONE #:		E-MAIL:		
5. PROJECT ARCHITECT/DESIGNER:			LICENSE #:	
ADDRESS:		CITY:	STATE:	ZIP:
PHONE #:	E-MAIL:		FAX #:	
6. PROJECT ENGINEER:			LICENSE #:	
ADDRESS:		CITY:	STATE:	ZIP:
PHONE #:	E-MAIL:		FAX #:	
7. CONTACT (If different than above):				
ADDRESS:		CITY:	STATE:	ZIP:
PHONE #:	E-MAIL:		FAX #:	
<p>If the owner of the property will be acting as their own contractor and providing direct on-site supervision. The improvements of the building or residence must be for their own use or occupancy. It may not be built or substantially improved for sale or lease. An owner/builder disclosure statement/affidavit must also be completed.</p>				
8. IS THE PROPERTY OWNER OCCUPIED: <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. IS THE PROPERTY: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MODULAR/MOBILE <input type="checkbox"/> INDUSTRIAL				
10. DESCRIPTION OF WORK:				

11. ESTIMATED CONSTRUCTION VALUE (Include material and labor cost): \$_____ (Copy of Invoice Required)
IF CONSTRUCTION VALUE EXCEEDS \$2,500.00, A NOTICE OF COMMENCEMENT MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION.
FAILURE TO RECORD A "NOTICE OF COMMENCEMENT" MAY RESULT IN YOUR PAYING TWICE FOR THE IMPROVEMENTS TO YOUR
PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR "NOTICE OF
COMMENCEMENT".

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR FIRE SYSTEMS, ALARMS, PLUMBING WORK, GAS, POOL, FENCE, LOW-VOLTAGE, MECHANICAL WORK, ELECTRICAL WORK, POOL, OR FENCE. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX (6) MONTHS OF ISSUANCE, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED, AT ANY TIME, FOR A PERIOD OF SIX (6) MONTHS AFTER WORK IS COMMENCED.

12. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I further certify that no work has been commenced prior to the issuance of the permit, and that all work will conform to the applicable laws of construction under this jurisdiction.

Contractor:

Printed Name of Contractor

Signature of Contractor

____/____/____
Date

The foregoing instrument was acknowledged before me this

_____ day of _____, 20____ by

_____(Name of person

acknowledging). He/she is personally known to me or has

produced (type of identification)

_____ as identification.

Notary Public – State of _____

_____ County

My Commission Expires: _____

Owner/ Owner Agent:

Printed Name of Owner

Signature of Owner

____/____/____
Date

The foregoing instrument was acknowledged before me this

_____ day of _____, 20____ by

_____(Name of

person acknowledging). He/she is personally known to me or

has produced (type of identification)

_____ as identification.

Notary Public – State of _____

_____ County

My Commission Expires: _____

FOR OFFICE USE ONLY

Received By:

Reviewed By:

District ☐ RR ☐ SR ☐ D ☐ CMU ☐ LI ☐ CF

Date:

Date:

☐ LR ☐ NMU ☐ VMU ☐ U ☐ HI ☐ P

Application Fees

Base Permit Fee:

Balance Due:



Permit #: _____

VILLAGE OF INDIANTOWN

OWNER BUILDER DISCLOSURE STATEMENT \ AFFIDAVIT

This form is required to be completed by owners of the property when acting as their own contractor and providing direct, onsite supervision themselves of all work not performed by licensed contractors. Florida Statutes FL489.103(7) are quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities. Before a building permit can be issued property owners must personally appear at the Building Division to sign this document. By signing this affidavit, you attest that:

_____ Initials	I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
_____ Initials	I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
_____ Initials	I understand that, as an owner-building, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on all permit and contracts.
_____ Initials	I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is old or leased within one (1) year after the construction is complete, the law will presume that I built or substantially improved it for the sale or lease, which violates this exemption.
_____ Initials	I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
_____ Initials	I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the person whom I employ have the licenses required by law and by county or municipal ordinance.
_____ Initials	I understand that it is frequent practices of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
_____ Initials	I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. <u>Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee.</u> I understand that my failure to follow these laws may subject me to serious financial risk.
_____ Initials	I agree that, as the partly legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes and zoning regulations.
_____ Initials	I am aware of construction practices, and I have access to the Florida Building Code.

Initials	I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 1-850-487-1395 or at www.myfloridalicense.com for more information about licensed contractors.
Initials	I am aware of, and consent to; owner-builder building permits applied for in my name and understand that I am the partly legally and financially responsible for the proposed construction activity at the address listed below.
Initials	Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board, the Department of Business and Professional Regulation and the building department may be unable to assist you with any financial loss that you sustain as a result of a compliant. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Date: ____ / ____ / ____

Printed Name of Owner

Signature of Owner

Driver's License #

Address of Subject Property

INITIAL:

_____ I agree to notify the Building Division immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

_____ I do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above.

A violation of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not exceeding 1 year and a \$1,000.00 fine in addition to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.

Property Address: _____

Permit Number: _____

Site Plan

Plans must show actual setbacks on-site plan (below) from all property lines of all STRUCTURES, including location of proposed and existing buildings, location of septic tank(s), well(s), drain-field(s), and access roads.

Show actual distance from property lines **IN FEET** to proposed and existing buildings.

REAR OF PROPERTY

FRONT OF PROPERTY

Minimum Setbacks:

(Determined by the Village of Indiantown Zoning Department)

Front: _____

Lot Dimensions: _____

Back: _____

Acreage: _____ More or Less

Sides: _____

Flood Zone: _____

Flood Vents Required: ____ Yes ____ No

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00 (Recorded copy needs to be submitted to the permitting office)

PERMIT#: _____ TAX FOLIO#: _____

STATE OF FLORIDA

COUNTY OF MARTIN

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE):

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: _____

Address: _____

Interest in property: _____

Name and address of fee simple title holder (If different from Owner listed above):

CONTRACTOR'S NAME: _____ Phone No.: _____

Address: _____

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: _____

Phone No.: _____ Bond amount: _____

LENDERS NAME: _____ Phone No. _____

Address: _____

Persons within the State of Florida designated by owner upon whom notices, or other documents may be served as provided by Section 713.13

(1) (a) 7, Florida Statutes:

Name: _____ Phone #: _____

Address: _____

In Addition to himself or herself, owner designates _____ of _____ to receive a copy of the lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes.

Phone number of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:

(The expiration date may not be before the completion of construction and final payment to the contractor but will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____

By: _____ As _____ For _____

Name of person

Type of Authority

Name of party on behalf of whom instrument was executed (e.g., officer, trustee, attorney-in-fact)

Notary's Signature

Personally known _____ or produced identification _____
Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)

ADA Accessibility Disclosure Statement - This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 320-3131, the County Administration Office (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at www.martin.fl.us/accessibility-feedback.

MARTIN COUNTY LOCATIONS TO RECORD NOTICE OF COMMENCEMENT

LOCATIONS:

COURTHOUSE STUART OFFICE

100 SE Ocean Blvd.
Stuart, Florida 34994
(772) 288-5576
8:00 am - 5:00 pm
Monday - Friday
Open - Appointments Preferred
Services provided by Phone or Online

HOBE SOUND BRANCH OFFICE

11730 SE Federal Hwy.
Hobe Sound, Florida
(772) 546-1308
8:00 am - 12:00 pm
1:00 pm - 4:30 pm
Monday - Friday
Limited Public Access - By Appointment Only
Services provided by Phone or Online

INDIANTOWN BRANCH OFFICE

16550 SW Warfield Blvd.
Indiantown, Florida
(772) 223-7921
Hours of Operation: Every Wednesday
8:00 am - 4:30 pm
Closed 1:00 pm – 2:00 pm

MAILING ADDRESS

Clerk of the Circuit Court and Comptroller PO
Box 9016
Attn: Recording
Stuart, FL 34995

The recording fee for any document up to 8 ½ x 14 inches in size is \$10.00 for the first page.